

DEU 0 3 2004

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Status Letter

below):

Other Enclosure(s) (please Identify

Amendment of application 10/064,533 in

	Application Number 10/064,533								
TRANSMITTAL	Filing Date	07/24/02							
FORM	First Named Inventor	Luis Felipe Guglielmucci							
	Art Unit	3627							
(to be used for all correspondence after initial filing)	Examiner Name	Ronald Laneau							
Total Number of Pages in This Submission	Attorney Docket Number								
ENCLOSURES (Check all that apply)									
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC							
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences							
Amendment/Reply	Petition Petition to Convert to a	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)							
After Final	Provisional Application Power of Attorney, Revocation	Proprietary Information							

Change of Correspondence Address

Terminal Disclaimer

Request for Refund

response to office action mailed in 05/28/04. CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or SIGNATURE **OF APPLICANT, ATTORNEY, OR AGENT** Firm Name Signature Printed name Luis Felipe Guglielmucci Date Reg. No. 11/25/04 32529

CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is beil acsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envel Addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Typed or printed name

the date shown below:

Signature

Luis Felipe Quglielmucci

Affidavits/declaration(s)

Extension of Time Request

Express Abandonment Request

Date 11/25/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 10/01/2004. Patent fees are subject to annual revision. **Application Number** FEE TRANSMITTAI Filing Date For FY 2005 FELIPE GUGLIELMUCH First Named Inventor **Examiner Name** RONALD LANEAU alianat alaima amall autitu atatus. Con 27 CED 4 27

Applicant ci	iaims smail entity s	lalus. See 37	CFR 1.27	Art Unit	3627		
TOTAL AMOUN	IT OF PAYMENT	(\$) 49	10	Attorney Docket No.			
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)				
Check Deposit A	Credit Card		ioney Order	2. EXTRA CLAIM I Fee Description Each claim over 20 Each independent cla		Fee (\$) 18 88	Small Entity Fee (\$) 9 44
Deposit			Multiple dependent of		300	150	
Account Number Deposit Account Name			For Reissues, each claim over 20 and more than in the original patent 18 9 For Reissues, each independent claim				
			more than in the or	-	88	44	
The Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below			Total Claims - 20 or HP HP = highest number of		×=	Fee Paid (\$) 20	
Charge fee(s) indicated below, except for the filing fee				Extra Claims		Fee Paid (\$)	
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3'					
Credit any overpayments			Multiple Dependent C	<u>Claims</u>	<u>Fee (\$)</u>	Fee Paid (\$)	
to the above-	identified deposit	account.			Subtotal	(2) \$	
Other (please identify):			3. OTHER FEES		Small Entit		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card			Fee Description 1-month extension of ti	Fee (\$	Fee (\$) 55	Fee Paid(\$)	
	authorization on PTO			2-month extension of ti	ime 430	215	
	FEE CALCULAT	ION		3-month extension of ti		490	490
1. BASIC FILI		Small Entity		4-month extension of ti		765	
Fee Description		Fee (\$)	Fee Paid(\$)	5-month extension of ti	me 2,080	1,040	
Utility Filing F	Fee 790	395		Information disclosure	stmt. fee 180	180	
Design Filing I	Fee 350	175		37 CFR 1.17(q) process	sing fee 50	50	
		- / -		Non-English specificati		130	
Plant Filing Fe	e 550	275		Notice of Appeal	340	170	
Reissue Filing Fee 790		395		Filing a brief in suppor		170	
Provisional Fil	ing Fee 160	\ 80		Request for oral hearing	_	150	
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SUBMITTED BY	- // //	\\\\		Registration No.	1-1-	ahone 🚅 =	222545
Signature	111	X Z*		(Attorney/Agent)	reie	56-2 millione	-3725413

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GUGLIELMUCCI

(Attorney/Agent)

Date 11

Name (Print/Type